

BR

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
AT CHICAGO

RECEIVED
JAN 07 2008 *new*
JAN 07 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

LOUIS CHARLES SHEOTIN,
PLAINTIFF
VS.

CASE # 08C116

DOCTOR HARVEY, CLINICAL
DIRECTOR METROPOLITAN
CORRECTIONAL CENTER
71 WEST VAN BUREN
CHICAGO, ILLINOIS

JURY TRIAL DEMANDED

AND

RETALIATION ACTION

NURSE WACKEN, RN,
DEFENDANTS

Seeking Medical
ATTENTION

EMERGENCY COMPLAINT & PETITION FOR
PROTECTIVE ORDER OR
INJUNCTION

DIRECTED TO THE HONORABLE MATTHEW KENNEDY, Judge

I. JURISDICTION:

1) JURISDICTION OF THIS HONORABLE COURT
IS INVOKED BY TITLES 28 USC 1331, 1332,
1351, 1351 AND FEDERAL RULES OF CIVIL PROCEDURE,
RULE 65. 42 USC 1283. VENUE IS PROPER.

2) THE PETITIONER ALSO CITES THAT HERETOFORE SUIT WAS HAD AGAINST THE MEDICAL DEPARTMENT AT THE METROPOLITAN CORRECTIONAL CENTER FOR THEIR FAILURE TO ADVISE PETITIONER OF TESTS TAKEN IN 1990 AND 1993 SHOWING PETITIONER POSITIVE FOR HEPATITIS C. SAID ACTION BEFORE THE HONORABLE MATTHEW KENNELLY, JUDGE, AND SETTLED IN MARCH, 2003, VIA PETITIONER'S COUNSEL JENNER & BLOCK, 1 IBM PLAZA, CHICAGO, ILLINOIS. PETITIONER BELIEVES THE ACTS/OMISSIONS ARE RETALIATION FOR THAT SUIT.

II. PARTIES:

3) THE DEFENDANTS ARE SOED INDIVIDUALLY, PERSONALLY (AS CITIZENS OF THE STATE OF ILLINOIS) AND OFFICIALLY AS EMPLOYEES OF THE U.S. BUREAU OF PRISONS AND CAN BE SERVED AT 71 WEST VAN BUREN STREET, CHICAGO, ILLINOIS.

4) PLAINTIFF IS LOUIS C. SHEPTON AND "PLAINTIFF AND PETITIONER" DESCRIBE LOUIS C. SHEPTON AND ARE USED INTERCHANGEABLY IN THIS COMPLAINT OR PETITION. HE CAN BE SERVED AT 71 W. VAN BUREN, CHICAGO, IL 60605. HE IS THE INJURED PARTY IN THIS ACTION CLAIMING BOTH CIVIL & CONSTITUTIONAL RIGHTS.

III. STATEMENT OF CASE & FACTS

5) On December 18, 2007 PLAINTIFF ARRIVED BY FLIGHT TO CHICAGO FROM OKLAHOMA, WHERE THEREFORE ON DECEMBER 7, 2007 PLAINTIFF HAD AN IRREGULAR ELECTRO CARDIO GRAM AND WAS RUSHED TO SAINT ANTHONY'S HOSPITAL WITH CARDIAC ARREST, BLOOD PRESSURE OF 94/43 AND ANTERIOR INFARCT, WITH CHEST PAIN

6) PLAINTIFF WAS IMMEDIATELY ADMITTED TO INTENSIVE CRITICAL CARDIAC UNIT ("ICCU") FOR HEART ATTACK BY DOCTOR RONALD SUTOR, CARDIOLOGIST; AT ST. ANTHONY'S.

7) AN EMERGENCY ANGIOPLASTY WAS PERFORMED DUE TO THE CONDITION OF PLAINTIFF (SEE EXHIBIT "A" THE EXE) BY DR. SUTOR, AND PLAINTIFF'S LEFT DESCENDING AORTAIC ARTERY WAS FOUND TO BE BLOCKED 80%, AND WAS UNBLOCKED AND STENTED BY DR. SUTOR [SEE EXHIBIT B & C]

8) On December 10, 2007 PLAINTIFF WAS DISCHARGED FROM SAINT ANTHONY'S WITH A SPECIFIC MEDICATION LIST. (SEE EXHIBIT MARKED B "INPATIENT DISCHARGE INSTRUCTIONS"). SEE ALSO EXHIBIT "C"

9) On December 18, 2007, as cited in PARAGRAPH 5, PLAINTIFF WAS FLOWN BY U.S. MARSHALS TO CHICAGO TO APPEAR FOR A PROBATION VIOLATION (IE: FAILURE TO REPORT A CHANGE IN RESIDENCE CLASS C).

10) On December 19, 2007. FOR THE VERY FIRST TIME PLAINTIFF MET DEFENDANT, HARVEY, IN THE HALLWAY AND HARVEY EXCLAIMED "SHEPTIN, ON MR. SHEPTIN YOUR REPUTATION PRECEEDS YOU" AND HARVEY, WITHOUT FURTHER ADVICE WALKED TO HIS OFFICE AND SHUT THE DOOR.

11) THE EVENING OF DECEMBER 19, 2007 PLAINTIFF RECEIVED APPROXIMATELY 15 BOTTLES OF MEDICATIONS, AMONG THEM MEDICATIONS PLAINTIFF HAD NEVER TAKEN, AND OR MEDICATIONS WITH HIGHLY INCREASED DOSAGES - ALL OF THESE MEDICATIONS WERE ISSUED BY DEFENDANT P. HARVEY. SEE EXAMPLES BELOW:

MCC CHICAGO PHARMACY (312) 322-0567
71 W. VAN BUREN - CHICAGO, IL 60605
106559 P. HARVEY 12/19/07
SHEPTIN, LOUIS CHARLES 90355-024
MCC CHICAGO - C01-023L
TAKE ONE TABLET AT BEDTIME

SIMVASTATIN 40 MG TAB #30
(2) Refills 12/19/2007 IL RxExp 03/17/08

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

MCC CHICAGO PHARMACY (312) 322-0567
71 W. VAN BUREN - CHICAGO, IL 60605
106719 P. HARVEY 12/28/07
SHEPTIN, LOUIS CHARLES 90355-024
MCC CHICAGO - C03-019L
TAKE ONE TABLET BY MOUTH AT BEDTIME

SIMVASTATIN 80 MG TAB #30
(5) Refills 12/28/2007 IL RxExp 08/24/08

CAUTION: Federal/State law prohibits transfer of this drug to any person other than patient for whom prescribed.

-4-

12) Many of the dosages were contraindicated for persons with Hepatitis C. All of the December 19, 2007 medications were administered **WITHOUT** physical examination or lab tests, and without consideration of petitioners HYPOTENSIVE LOW BLOOD PRESSURE(S) [SEE EXHIBIT A]

13) Plaintiff complained on December 20, and 23rd, to the Seventh Circuit Court of Appeals in a MISCONDUCT/HABEAS CORPUS COMPLAINT ABOUT IRRITIC MEDICATIONS AND NON-TREATMENT OF A BREAST MASS FOUND BY A POSITIVE MAMMOGRAM ON NOVEMBER 13, 2007. Plaintiff also complained to Judge Kocoras, VIA HABEAS CORPUS OF MISADMINISTRATION OF MEDICATIONS AND FAILURE TO TREAT OR FOLLOW-UP ON POSSIBLE BREAST CANCER TWO HOSPITAL CITED NEED FOLLOW-UP. (SEE EXHIBIT "C" "PHYSICIAN'S ORDERS" AND EXHIBIT MARKED "F", PAGE 13 OF DISCHARGE FROM NORTHWESTERN DATED 12/24/07. Plaintiff's HABEAS CORPUS PETITION TO JUDGE KOCORAS IN US v. SHERTIN, 82 CR 555 cited POSSIBLE ASSAULT

14. TWICE ON PILL LINE DEPENDANT WALKER ASKED PLAINTIFF IF HE WAS TAKING ALL HIS MEDICATIONS, PLAINTIFF RESPONDED "YES", WALKER RETORTED "IF YOU AREN'T I'LL THROW YOU IN 'SHU'" (IE: THE HOLE). PLAINTIFF ON THE 23RD OF DECEMBER WAS FEELING VERY TIRED AND TOOK ALL MEDICATIONS GIVEN AND RX'ED BY P. HARVEY. AMONG THOSE MEDICATIONS WAS THE FOLLOWING

- 1) AMLODIPINE BESYLATE
NORVACIC
- 2) LEVOTHYROXINE 100 & 75 mcg
- 3) LOSPRESSOR 50 mg
- 4) DIGOXIN 25 mcg
- 5) PLAVIX 75mg
- 6) ASA 325 mg
- 7) METFORMIN 1000mg

15) IN THE AFTERNOON OF DECEMBER 23, 2007 PLAINTIFF BEGAN SWEATING, HIS HANDS & FEET BECAME NUMB AND HIS BLOOD PRESSURE WAS LOW, AND WAS DIZZY

16) PLAINTIFF WAS TAKEN DOWN TO MEDICAL DEPARTMENT WHERE NURSE VALASQUEZ TOOK PLAINTIFF'S BLOOD PRESSURE AND OXYGEN SATURATION - PLAINTIFF'S BLOOD PRESSURE WAS 94/60 - HIS OXYGEN WAS 89%. VALASQUEZ PHONED DEFENDANT HARVEY AND HARVEY ORDERED AN INJECTION OF FINIGAN¹¹ (ANTI-VOMIT DRUG) BECAUSE PLAINTIFF WAS DIAPHRETIC AND VOMITTING. VALASQUEZ TOLD PLAINTIFF TO GO TO SIT IN CHAIRS OUTSIDE CLINIC - PLAINTIFF COMPLIED - PLAINTIFF LOST CONSCIOUSNESS, WOKE UP AND SAW 88/40 ON THE BLOOD PRESSURE MONITOR WITH MUCH ACTIVITY AROUND HIM, VALASQUEZ YELLED "911" "911" "CALL 911, HE'S DYING"

17) PLAINTIFF WAS RUSHED TO NORTHWESTERN. EMS STATED PLAINTIFF WAS SUFFERING "CARDIAC COLLAPSE". THEY ATTEMPTED IV, CPR. PLAINTIFF WAS ADMITTED TO NORTHWESTERN AND DISCHARGED THE FOLLOWING DAY WITH A SPECIAL DRUG LIST. SEE EXHIBIT MARKED D-E AND F. PLAINTIFF WAS TOLD BY FOUR (4) DOCTORS NOT TO TAKE METFORMIN, NOT TO TAKE LEVOTHYROXINE, NOT TO TAKE AMLODIPINE, NOT TO TAKE LOPRESSOR - BECAUSE ALL THESE MEDICATIONS LOWER BLOOD PRESSURE AND "COULD ~~OR~~ CAUSE PLAINTIFF'S DEATH".

11 FURTHER LOWERING PLAINTIFF'S B.P.

18) ADDITIONALLY NORTHWESTERN DOCTORS CITED PLAINTIFF "MUST TELL YOUR DOCTOR (IE: HARVEY) ABOUT ISSUES NEEDING FURTHER EVALUATION: RIGHT BREAST MASS" QUOTE - UNQUOTE SEE EXHIBIT MARKED C AND F AS HIGHLIGHTED. BOTH MD'S CITED FOLLOW-UP

19) BOTH NORTHWESTERN AND SAINT ANTHONY DOCTORS CITED FOLLOW-UP FOR BREAST LUMP BUT HARVEY HAS CONTINUED TO DRAG HIS LEGS CAUSING PLAINTIFF UNNECESSARY PAIN, SUFFERING, EMOTIONAL DISTRESS AND STRESS, AND ANXIETY & PAIN.

20) ON NOVEMBER 18, 2007 DOCTOR TOM LEVITT AT LUTHERAN MEDICAL CENTER STATED IN DISCHARGE ORDERS "AVOID ALL PHYSICAL STRESS" TOM LEVITT CAN BE REACHED @ LUTHERAN MEDICAL CENTER, CROSS CREEK, COLORADO.

21) ON DECEMBER 29, 2007 PLAINTIFF WAS GIVEN A COPY OF ALL MEDICAL RECORDS, AMONG THOSE RECORDS HE RECEIVED A THREE PAGE MEDICATION LIST APPARENTLY IN THE CARE, CUSTODY & CONTROL OF DEFENDANT P. HARVEY, CLINICAL DIRECTOR OF THE MLC MEDICAL DEPARTMENT.

22) THE MEDICATION LIST MARKED AS EXHIBITS G, H, AND I BARE THE NAME OF JAMES T. CAIL, AGE 69 DATE OF BIRTH JANUARY 23, 1938.

23) YOUR PLAINTIFF HAS NEVER USED THIS ALIAS, IS NOT 69 YEARS OF AGE AND WAS NOT ADMITTED TO SAINT ANTHONY'S ON 12/03/07 (SEE LOWER RIGHT HAND CORNER OF EACH PAGE)

24) PLAINTIFF ASSERTS THAT DEFENDANT HARVEY INTENTIONALLY IGNORED THE NAME ON THE MEDICATION LIST (NOT MERELY OVERSIGHT) AND SAW AN OPPORTUNITY TO INJURE OR MURDER PLAINTIFF AS RETALIATION AGAINST PLAINTIFF FOR HIS CIVIL SUIT AGAINST MCC. IT IS INCOMPREHENSIBLE THAT HARVEY A TRAINED MEDICAL DOCTOR SIMPLY IGNORED THE PATIENT'S NAME ON EXHIBITS G, H, I THE MEDICATION LIST OF JAMES T. CAIL, WHICH IS IN BOLD TYPE ON EACH PAGE.

25) FOR THESE REASONS PLAINTIFF SEEKS AN IMMEDIATE PROTECTIVE ORDER AND THE FOLLOWING RELIEF:

COUNT ONE

PLAINTIFF REPEATS AND REALLEGES FACTS CONTAINED IN PARAGRAPHS ONE THRU TWENTY-FIVE. DEFENDANT FAILED TO GIVE ADEQUATE STANDARD OF CARE, AND/OR SAID CARE WAS GIVEN IN A NEGLIGENT MANNER CAUSING INJURY TO PLAINTIFF, EMOTIONAL DISTRESS, PHYSICAL AND MENTAL INJURY(IES). DEFENDANT(S) AND EACH OF THEM ARE DIRECTLY RESPONSIBLE FOR THE ACTS/OMISSIONS AS CITED ABOVE INCLUSIVE OF FUTURE DAMAGES.

COUNT TWO

PLAINTIFF REPEATS AND REALLEGES FACTS AS CONTAINED IN PARAGRAPHS ONE THRU TWENTY-FIVE INCLUSIVE. PLAINTIFF ACCUSES DEFENDANT TO ADEQUATELY AND IN A TIMELY MANNER PROVIDE FOLLOW-UP MEDICAL CARE FOR A CANCERIOUS WOUND IN PLAINTIFF'S RIGHT BREAST AND AN INJURY TO PLAINTIFF'S LEFT SHOULDER ON DEC 10, 2007 WHEN PLAINTIFF FELL WITH ANKLE CURBS ON IN SHOWER OF ST ANTHONY'S HOSPITAL. FURTHER PLAINTIFF ACCUSES DEFENDANT'S OR VIOLATING PLAINTIFF'S 8 AMENDMENT PROBATION AGAINST CRUEL & UNUSUAL PUNISHMENT

COUNT THREE

REPEAT & REALIZE PARAGRAPHS ONE THRU TWENTY-FIVE INCLUSIVE - PLAINTIFF ACCUSES DEFENDANTS OF ATTEMPTED MURDER KNOWINGLY GIVING OVERDOSES OF MEDICATIONS KNOWN TO BE CONTRAINDICATED FOR PERSONS WITH LIVER DISEASE (SEE EXAMPLES ON PAGE 4 INARA). KNOWINGLY AND INTENTIONALLY WITH GROSS NEGLIGENCE, AND/OR MEDICAL MALPRACTICE

COUNT FOUR

REPEAT AND REALIZE FACTS CONTAINED IN PARAGRAPHS ONE THRU TWENTY-FIVE INCLUSIVE - DEFENDANTS ARE GUILTY OF RETALIATION FOR PLAINTIFF EXERCISING HIS RIGHT TO LITIGATE.

RELIEF

A) GRANT IMMEDIATE INJUNCTIVE RELIEF OR PROTECTIVE ORDER

B) GRANT COMPENSATORY DAMAGES OF \$400,000.00 AGAINST EACH DEFENDANT.

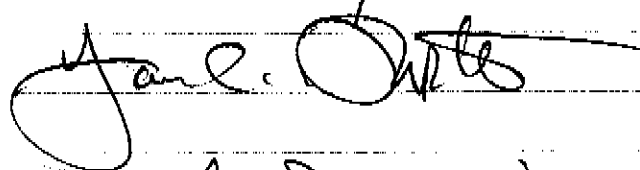
c) AWARD PUNITIVE DAMAGES OF ONE MILLION DOLLARS AGAINST EACH DEFENDANT;

d) GRANT SUCH OTHER AND FURTHER RELIEF AS THE COURT DEEMS JUST, PROPER AND EQUITABLE; IMMEDIATE MEDICAL CARE FOR BREAST CANCER.

PLAINTIFF'S DECLARATION

I, LOUIS C. SHEPARD DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT EXECUTED THIS 2 DAY OF JANUARY 2008

Respectfully submitted,



LOUIS C. SHEPARD
71 WEST VAN BUREN ST
CHICAGO IL 60605

ATTACHMENTS: EXHIBITS A THRU

12/07/07 8:30:10

SHEPTIN, LOUIS
ID: 90355024

59 YEARS

Vent. Rate:	73 bpm
P Duration:	102 ms
QRS Duration:	94 ms
PR Interval:	176 ms
QT Interval:	408 ms
QTc Interval:	429 ms
QT Dispersion:	40 ms
P-R-T AXIS:	77° -73° 89°

MALE
Meds:
Class: 1
Loc: WILES
Dr:
Tech:

Sinus rhythm
Left axis deviation - anterior fascicular block
Possible old inferior infarct
Possible anterior infarct

Abnormal ECG

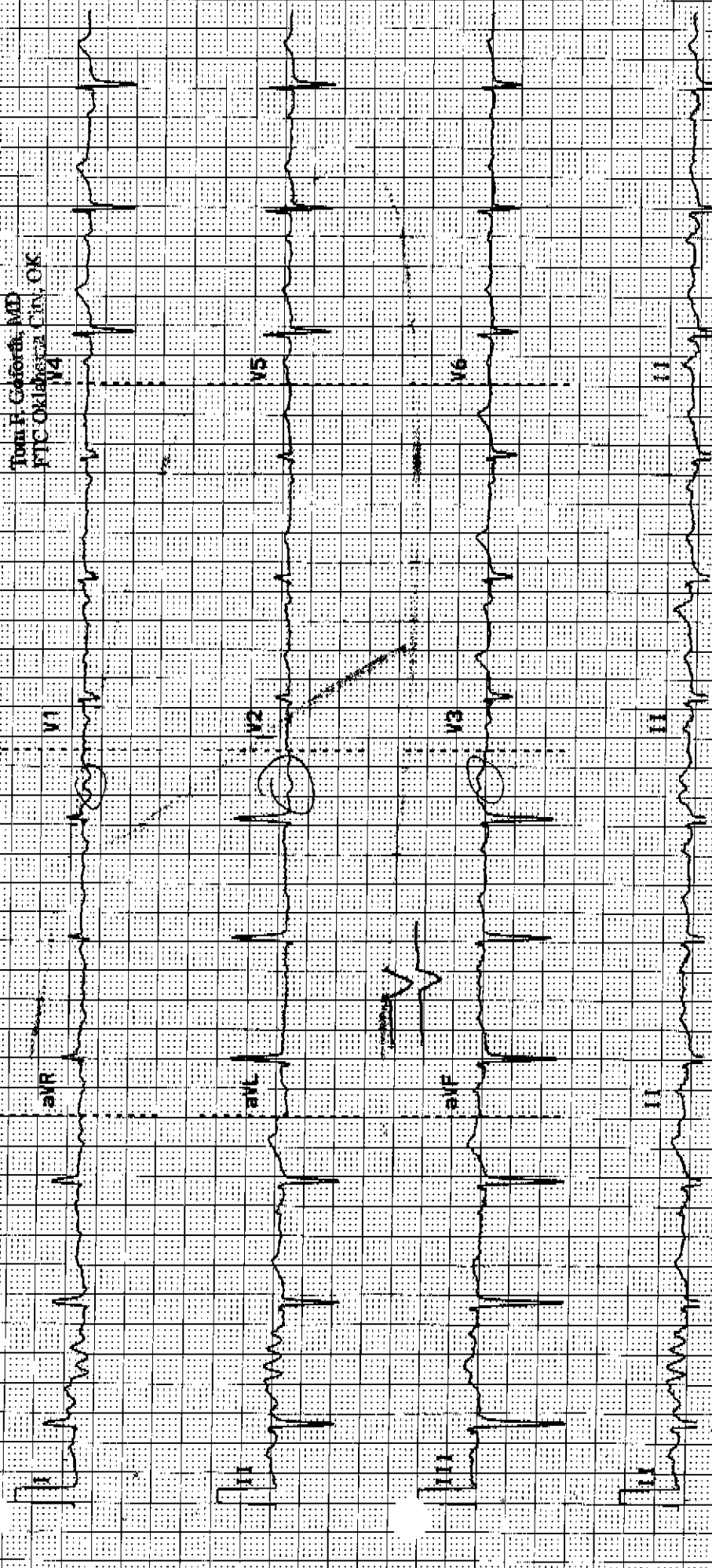
* Unconfirmed Analysis *

L. WILES, MD
FTC Oklahoma City, OK

BP 94/43 P66 R16

DEC 11 2007

Tom R. Gofford, MD
FTC Oklahoma City, OK



10 mm/mV
25 mm/s

10/11/07 10:40:05

25 mm/s
STABLE 40 Hz

Saint Anthony Hospital

1000 North Lee, Oklahoma City, Oklahoma 73102

ST ANTHONY HOSPITAL

* SHEPTIN, LOUIS I/P
 0734100419 CAR 3005-01
 10/23/1948 59Y M 12/07/07
 SUTOR, RONALD 000511770

Inpatient Discharge Instructions**Diagnoses and Comments:**

CAD w/ Stent Scurvy Disorder
 Hx AFib @ Shoulder soft tissue injury
 Hepatitis C
 GERD

Appointments:Physician: Dr. Cantore Medical Clinic date/time: _____**Special Instructions:**Diet: Healthy Heart Activity: NO Lifting for 1 week

Other: (laboratory, physical therapy, return to work, etc)

Home Health: _____

phone: _____

Medications: (name, dosage, how often)

- EC Aspirin 325 daily po
- Plavix 75mg
- o Vitamin 10/40 every evening
- o Sotalol 40mg
- Zantac 150 mg twice daily
- o Dilantin 300mg everyday
- NTG 0.4mg 5 L PRN chest pain
- Ibuprofen 325 1-2 tabs q 4 hrs PRN pain

If you have questions, call: _____

phone: _____

"I understand, and have received a copy of this discharge plan."

(signature of patient or guardian): [Signature]date: 12-10-07

Physician signature: _____

date: _____

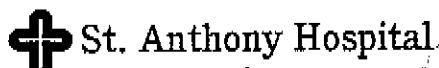
discharging nurse: Jennie [Signature]date: 12-10-07

faxed to: _____

fax number: _____

date & time faxed: _____

initials: _____

☐ STAT


1000 North Lee Street
Oklahoma City, OK 73102

SA382-B (Rev. 9/05)

PHYSICIAN'S ORDERS



1000 North Lee Street
Oklahoma City, OK 73102



St. Anthony South

BEHAVIORAL MEDICINE
2129 S.W. 59th Street
Oklahoma City, OK 73119

ST ANTHONY HOSPITAL

* SHEPTIN, LOUIS

0734100419 CAR 3005-01 I/P

10/23/1948 59Y M 12/07/07

000511770 SUTOR, RONALD

		Dangerous Abbreviations NOT To Be Used							
		Do Not Use		Use Instead		Do Not Use		Use Instead	
Read back VO & TO check here		U	Unit	X.0 mg	X mg	Q.D.	Daily	MS or MSO4	Morphine
		IU	International Unit	.X mg	O.X mg	Q.O.D.	Every other day	MgSO4	Magnesium Sulfate
DATE	12/10/07	Discharge							
TIME		<p>Amoxicillin 325g daily po</p> <p>Plavix 75mg daily "</p> <p>Vytorin 10/105 every evening "</p> <p>Sotalol 40mg (para daily) "</p> <p>Zantac 150mg twice daily "</p> <p>Hydrocodone 200mg twice daily "</p> <p>D. Lactin 300mg every evening "</p> <p>Nitro 0.4mg 50L per 1st</p> <p>Tylenol 320mg 1-2 tabs every 4 hrs as pain</p>							
		<p>Dr. Can Spent Lard + mild Cardiac</p> <p>Hypertension</p> <p>Hx a fibr</p> <p>Hepatitis C</p> <p>CARD</p> <p>Diabetes</p> <p>Severe diarrhea</p> <p>Aluminum Nitrate Dependence</p> <p>Borderline Diabetes</p>							
		<p>Springs on both feet around TO PT.</p> <p>① Shoulder soft tissue injury - needs further workup</p>							
		<p>Pl. B. Co-ford in the medical Clinic F.T.</p> <p>no lifting or sewing for 1 week - then add lb</p> <p>② hand - ③ Small Soft tissue injury</p> <p>fracture of the wrist.</p>							
		<p>R. H. S. M.</p>							

Do Not Use		Use Instead		Do Not Use		Use Instead		Do Not Use		Use Instead	
U	Unit	X.0 mg	X mg	Q.D.	Daily	MS or MSO4	Morphine	MgSO4	Magnesium Sulfate		
IU	International Unit	.X mg	O.X mg	Q.O.D.	Every other day						

Discharge Instructions

SHEPTIN, LOUIS - 000267786549

* Final Report *

Result type: Discharge Instructions
Result date: 24 December 2007 10:42
Result status: Authenticated
Result title: Discharge Instructions
Performed by: BARKER, BLAKE on 24 December 2007 10:51
Verified by: BARKER, BLAKE on 24 December 2007 10:51
Encounter info: 000098119928, NMH, Inpatient, 12/23/2007 -

* Final Report *

Discharge Instructions

Patient: **SHEPTIN, LOUIS** MRN - **000267786549** - NMH MRN
Age: **59 years** Sex: **Male** DOB: **10/23/1948**
Associated Diagnoses: **None**
Author: **BARKER, BLAKE**

Discharge Information

Admission date: **12/23/07**Discharge date: **12/24/07**Hospital physician: **Didwania, Parikh, Gindi**Your discharge diagnoses: **Chest Pain, subtherapeutic phenytoin level**Procedures performed: **Labwork, Chest X-Ray**Activities you may perform (limitations noted): **As tolerated**

Eating
Dressing
Bathing

12/26/07
3 pages
P. Harvey, M.D.
Clinical Director

Printed by: BARKER, BLAKE
Printed on: 12/24/2007 10:51

Page 1 of 3
(Continued)

Discharge Instructions

SHEPTIN, LOUIS - 000267786549

* Final Report *

**Cooking
Shopping
Phone use
Travel ability
Treatments
Medication administration
Cleaning/laundry
Walking
Using stairs
Moving from bed to chair**

Additional activity restrictions (lifting/driving/other): As tolerated

Assistance you require (walker/cane/crutches/wheelchair/prosthetic device/none):None

Diet restrictions:Low fat, low cholesterol

Allergies:

codeine,tetracycline,Versed

Your complete list of medications to take:

aspirin 325 mg oral tablet
1 tab(s) by mouth daily

Nitrolingual
1 spray(s) under the tongue every 5 minutes

phenytoin 600mg oral capsule, extended release
1 capsule by mouth daily (HIGHER DOSE)

Discharge Instructions

SHEPTIN, LOUIS - 000267786549

* Final Report *

Plavix

75 milligram by mouth daily

sotalol

40 mg PO qd

Tylenol

325 milligram by mouth every four hours as needed for pain

Vytorin 10/40 tab

1 tab(s) by mouth daily

Zantac 150

150 milligram by mouth twice a day

TEGRETOL 200 mg by mouth twice a day ✓

Changes from your prior medications:

Phenytoin dose was increased.

When to call your doctor: If any of your symptoms worsen or continue without resolution or response to medical therapy.

Additional instructions (daily weights, wound care): None

You must tell your doctor about these issues needing further evaluation:

Right breast mass (consider biopsy)

Subtherapeutic phenytoin level

Your appointments:

Follow up with your internal medicine doctor in 2-4 weeks.

Instructions were reviewed and given to the patient.

***** SCHEDULED MEDICATION ORDERS *****

Special Instructions:

Ord#	Start	Stop	Drug/Dose/Route/Comments	Frequency	0000-0730	0731-1530	1531-2359
0172 RH FLK	12/09 2100		ALBUTEROL 3 ML SOLUTION ALBUTEROL SULFATE INHL Dose: 2.5 MG [INHL] TO BE ADMINISTERED BY RESPIRATORY CARE PERSONNEL. See Respiratory Care Clinical Notes for documentation of treatment and actual administration time.	every 4h	0100 0500	0900 1300 <i>grn</i>	1700 2100
0159 PD FLK	12/08 0900		AMLODIPINE BESYLATE 10 MG TABLET NORVASC Dose: 10 MG/1 TABLET [ORAL] Ord As: CADUET 10/20 ***** AND *****	Daily		0900 <i>grn</i>	
0159 PD FLK	12/08 0900		ATORVASTATIN 10 MG TABLET LIPITOR Dose: 20 MG/2 TABLET [ORAL]	Daily		0900 <i>grn</i>	
0157 PD FLK	12/08 0900		ASPIRIN EC 325 MG TABLET DR ECASA 325MG Dose: 325 MG/1 TABLET DR [ORAL]	every AM		0900 <i>grn</i>	
0160 PD FLK	12/08 0900		LEVOTHYROXINE 100 MCG TABLET SYNTHROID Dose: 100 MCG/1 TABLET [ORAL] ***** AND *****	Daily		0900 <i>grn</i>	
0160 PD FLK	12/08 0900		LEVOTHYROXINE 75 MCG TABLET SYNTHROID Dose: 75 MCG/1 TABLET [ORAL]	Daily		0900 <i>grn</i>	
0156 PD FLK	12/08 2100		METOPROLOL TARTRATE 25 MG TABLET LOPRESSOR <i>new dose</i> Dose: 25 MG/1 TABLET 50mg [ORAL] IF NO CONTRAINDICATION	2 x daily		0900 <i>grn</i>	2100
0158 TL	12/08 1630		SURESTEP PRO 1 TEST STRIP FINGERSTICK BLOOD SUGAR TEST Dose: 1 TEST/1 STRIP [MISC] Ord As: START IF BS >150 DOCUMENT RESULTS ON DIABETIC F.S. 60-150mg/dl 0 Units <u>req</u> insulin 151-200 " 0 Unit 351-400 8 Units 201-250 " 2 Unit >401 10 Units 251 300 " 4 Unit REPEAT fsbs in 4 hr 301-350 " 6 Unit call DR >= 401	2xdaily ac		0731 273 44 <i>grn</i>	1630
	12/10		Plavix 75 mg	daily		0900 <i>grn</i>	
	12/10		Nexium 20mg PO	BID		0900 <i>grn</i>	2100
	12/10		Digoxin 0.25 mg PO	BID today then daily		0900 <i>grn</i>	2100
Unadministered Dose Code					Site Codes		
R = Refused H - Hold * - See Narrative Note					1-Rt Upper Arm 2-Left Upper Arm 3-Abdomen		
A - Pt Absent NPO					4-Rt Lat Thigh 5-Lt Lat Thigh 6-Buttock		
					7-Lt Buttock 8-Upper Rt Thigh 9-Upper Lt Thigh		
					10-High Lat Rt Hip 11-High Lat Lt Hip		
Init	Signature		Init	Signature			
	<i>[Signature]</i>			<i>[Signature]</i>			
MAR Verified by: 0110 DEC 10 2007					3004-01 3SE A0733700361 CAIL, JAMES T DOB: 01/23/38 Age: 69Y Sex: M Adm: 12/03/07 AN00303457 Dr: HOWELL, CLIFFORD ERIC Allergies: PENICI		
St Anthony Hospital			Covers Doses from:		Medication Administration Record		
OKLAHOMA CITY, OK 73102			12/10/07 00:00 to 12/10/07 23:59		Printed: 12/09/07 23:00 Page: 1 (more meds follow...)		

See Page 3

Cail

***** UNSCHEDULED MEDICATION ORDERS (cont.) *****

Special Instructions:

Ord#	Start	Stop	Drug/Dose/Route/Comments	Frequency	0000-0730	0731-1530	1531-2359
0170 RH FLK	12/08 1700		ACETAMINOPHEN 325 MG TABLET ACETAMINOPHEN Dose: 325 MG/1 TABLET [ORAL] PRN FOR TEMP > 101	every 4h PRN			
0165 PD FLK	12/08 1700		DILTIAZEM INJECTION DILTIAZEM Dose: 10 MG/2 ML [IV] Ord As: <100 IF HR >120 FOR 20MIN HOLD FOR SBP	as needed PRN			
0161 PD FLK	12/08 1700		HEPARIN FLUSH INJ CARTRIDGE HEPARIN LOCK FLUSH Dose: 200 UNITS/2 ML [IV] Ord As: PICO LINE/TRIPLE LUMEN CARE EACH DAY AND PRN AFTER MEDICATION Flush each lumen with 10ml NS followed by 2ml 100u/ml Heparin after blood draws and infusions and daily when not in use. ***** AND *****	as needed PRN			
0161 PD FLK	12/08 1700		SODIUM CHLORIDE INJ SYRINGE NS 10ML SYRINGE FLUSH Dose: 0.9 %/10 ML [IV] EACH DAY AND PRN AFTER MEDICATION	as needed PRN			
0164 PD FLK	12/08 1700		MAALOX 30ML U/D 30 ML SUSPENSION MAALOX PLUS USE THIS ONE Dose: 1 DOSE/ [ORAL] Ord As: ANTIACID OF CHOICE PRN GASTRIC UPSET	as needed PRN			
0162 PD FLK	12/08 1700		METOCLOPRAMIDE INJECTION REGLAN Dose: 10 MG/2 ML [IV] Ord As: IF CONTRAINDICATED USE ZUPRAN NAUSEA/VOMITING ***** OR *****	q 4 hrs PRN			
0162 PD FLK	12/08 1700		ONDANSETRON INJECTION ONDANSETRON HCL Dose: 4 MG/2 ML [IV] Ord As: IF REGLAN INEFFECTIVE/CONTRAIN NAUSEA/VOMITING Therapeutic substitution per P&T	every 6h PRN			

Unadministered Dose Code

R = Refused H = Hold * - See Narrative Note
A = Pt Absent NPO

Site Codes

1-Rt Upper Arm 2-Left Upper Arm 3-Abdomen
4-Rt Lat Thigh 5-Lt Lat Thigh 6-Buttock
7-Lt Buttock 8-Upper Rt Thigh 9-Upper Lt Thigh
10-High Lat Rt Hip 11-High Lat Lt Hip

Init	Signature	Init	Signature
<i>AM</i>	<i>L. H. [Signature]</i>	<i>B</i>	<i>[Signature]</i>
MAR Verified by: <i>0110</i> DEC 10 2007			

3004-01 3SE A0733700361
CAIL, JAMES T

DOB: 01/23/38 Age: 69Y Sex: M Adm: 12/03/07
A000303457 Dr: HOWELL, CLIFFORD ERIC

Allergies: PENICIL

St Anthony Hospital

Covers Doses from:

Medication Administration Record

OKLAHOMA CITY, OK 73102

12/10/07 00:00 to 12/10/07 23:59

Printed: 12/09/07 23:00
Page: 2 (more meds follow...)

***** UNSCHEDULED MEDICATION ORDERS (cont.) *****

Special Instructions:

Ord#	Start	Stop	Drug/Dose/Route/Comments	Frequency	0000-0730	0731-1530	1531-2359
0163 PD FLK	12/08 1700		MOM CONCENTRATE 10 ML SUSPENSION MILK OF MAGNESIA CONC Dose: 30ML/10 ML [ORAL] CONTIPATION 10ML CONCENTRATE - 30ML MOM	daily prn PRN			
0166 PD FLK	12/08 1700		OXYCODONE/APAP 5/325MG 5 MG TABLET OXYCODONE HCL W/ACETAMINOPHEN Dose: 1-2 TAB/1-2 TABLET [ORAL] FOR PAIN	every 3 hours PRN		f gnr	
0169 RH FLK	12/08 1700		OXYCODONE/APAP 5/325MG 5 MG TABLET OXYCODONE HCL W/ACETAMINOPHEN Dose: 5 MG/1 TABLET [ORAL] 1-2 TABLETS	every 3h PRN			
0167 PD FLK	12/08 1700		ZOLPIDEM 5 MG TABLET ZOLPIDEM TARTRATE Dose: 5 MG/1 TABLET [ORAL] FOR SLEEP, MAY REPEAT X 1 Caution: This medication may cause drowsiness and confusion. It also may increase the patient's risk of falling.	HS MRX1 PRN			
			Scheduled meds				
	12/10		Levenox 40 mg SQ	daily		0900g	
	12/10		Metformin 850mg PO	TID		0900 1500 2100 gnr	

Unadministered Dose Code

R = Refused H = Hold * = See Narrative Note
A = Pt Absent NPO

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Init	Signature	Init	Signature
JM	James Howell	JB	James Howell
MAR Verified by: 0110 DEC 10 2007			

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Page: 3 (End of MAR)

1/2/08

Happy New Year

Dear Judge Kennelly, Your Honor:

I am very scared for my
LIFE - ALMOST DIED THE OTHER
DAY - I PRAY YOU ORDER
SOMETHING - THIS HAS GONE
TOO FAR TO BE IGNORED.

RECEIVED

JAN 04 2007

JUDGE MATTHEW F. KENNELLY
UNITED STATES DISTRICT COURT

Most Sincerely,

how Shpto

URGENT
DEME READ
ATTN: HCL